

Classification

REPORTS INVENTORY						CONTROL NO.	
PREPARE IN DUPLICATE							
1. TITLE OF REPORT (If a fill-in report include Form No.)						2. TYPE OF REPORT	
<b>Significant Accomplishments</b>						STATISTICAL	
						<input checked="" type="checkbox"/> NARRATIVE	
						MACHINE-NAME LISTING	
3. FUNCTIONAL AREA		PERSONNEL		TRAINING		ADMIN. GENERAL	
		LOGISTICS		<input checked="" type="checkbox"/> SECURITY		OTHER (specify)	
		MEDICAL		FINANCE			
4. NO. OF COPIES PREPARED		5. FREQUENCY (weekly, monthly, quarterly, etc.)				6. DISTRIBUTION (No. of components not number of copies)	
6		Annual				1	
7. FORMAT (memorandum, form computer print-out, etc)		8. ADP PROCESSING				9. DIRECTIVE AUTHORITY REQUIRING REPORT	
		IF YES GIVE ADP PROCESSING NO.					
Memorandum		<input checked="" type="checkbox"/> NO				DDS	
10. PREPARING COMPONENT (include lowest level contributing information to report)				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)			
EPD				8			
12. COST FACTORS							
A. MANUAL PREPARATION AND REVIEW COSTS							
GRADE	HOURLY RATE	X	HOURS PER REPORT	=	COST PER REPORT	X	TIMES PREPARED = COST PER YEAR
GS-13	8.06		40 hrs.		322.40		1 322.40
GS-07	3.89		16 hrs.		62.24		1 62.24
GS-15	11.00		1 1/2		16.50		1 16.50
GS-16	12.76		3/4		9.57		1 9.57
GS-18	17.07		1/2		8.53		1 8.53 = \$419.24
FEEDER REPORTS - 8							
GS-04 thru	2.81 thru		360 hrs.		\$2,939.23		1 \$2,939.23
GS-16	12.76		10 min.				
B. COSTS OF COMPUTER PRODUCED REPORTS							
TOTAL COSTS PER YEAR							
\$3,358.47							
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.							
Report is requested annually by DDS for informational purposes.							
14. FUTURE GOALS							
GOAL PROPOSED BY COMPONENT FOR THIS REPORT						ESTIMATED SAVINGS	
<input type="checkbox"/> RETAIN AS IS <input type="checkbox"/> OTHER (explain) <input type="checkbox"/> CHANGE <input type="checkbox"/> DISCONTINUE						MAN-HOURS	
						DOLLARS	
						No authority to change.	
16. DATE OF INVENTORY		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION				18. EXTENSION	
9 October 1970		MORI/CDF					